

Norridge Police Department
Accident Review Board

| Date Assigned | Member | Present | Excused | Unexcused |
|---------------|-----------------|---------|---------|-----------|
| 5/1/2003 | Officer Malicki | X | | |
| 7/15/2016 | Corporal Wendt | X | | |
| 10/01/2016 | Officer Smith | X | | |
| 6/28/2017 | Sergeant Rice | X | | |
| | | | | |
| | | | | |

Review Date: January 14, 2018

M/V Crash Incident Number: 18-00064

Officer: Officer Borowiec

Squad: #502

1. Classification I

- a. The incident was NON-Preventable and the employee was not at fault. Caution was apparently exercised.
- b. The employee was legally parked or standing.
- c. The employee was aware of the impending hazard, was alert to the consequences and skillful in minimizing the effect of the hazard.
- d. In incidents the board resolves to be Classification I, no disciplinary action will be taken.

2. Classification II

- a. The employee failed to exercise reasonable and due care.
- b. The employee deviated inexcusably from department rules, regulations, procedures and/or general safety practices.
- c. In incidents the board resolves to be Classification II, disciplinary action recommended may be:
 - (i) For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a Defensive Driving Course may be ordered. Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
 - (ii) For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
 - (iii) For a third Classification II finding by the board in a 24 month period, a 3 day suspension without pay shall be imposed.

Recommendation: The board unanimously agreed on 1a.

Sheet 1 of 1 Sheets



POL13

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| Sheet 1 of 1 Sheets | | | | | | | | | | *P0113* | | | | | | | | | | *U140428073* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INVESTIGATING AGENCY Norridge | | | | | | | | | | DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY \$500 OR LESS \$501 - \$1,500 OVER \$1,500 | | | | | | | | | | TYPE OF REPORT ON SCENE NOT ON SCENE (DESK REPORT) AMENDED | | | | | | | | | | No Injury / Drive Away Injury and / or Tow Due To Crash | | | | | | | | | | AGENCY CRASH REPORT NO. 18 00064 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS NO. 4820 | | | | | | | | | | HIGHWAY or STREET NAME N Cumberland | | | | | | | | | | City Norridge | | | | | | | | | | Township | | | | | | | | | | INTERSECTION RELATED DATE OF CRASH 01/10/18 | | | | | | | | | | TIME 3:56 PM | | | | | | | | | | LARS CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (CIRCLE) FT / MI N E S W | | | | | | | | | | (CIRCLE) Parking Lot | | | | | | | | | | COUNTY Cook | | | | | | | | | | PRIVATE PROPERTY | | | | | | | | | | DOORING WITH PEDALCYCLIST? | | | | | | | | | | NUMBER MOTOR VEHICLES INVLD | | | | | | | | | | LARS CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME [REDACTED] | | | | | | | | | | DATE OF BIRTH [REDACTED] | | | | | | | | | | MAKE Ford | | | | | | | | | | MODEL Escape | | | | | | | | | | YEAR 17 | | | | | | | | | | CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT | | | | | | | | | | TOWED DUE TO CRASH FIRE CELLPHONE EXCEED SPEED LIMIT COM VEH * IF YES SEE SIDEBAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS [REDACTED] | | | | | | | | | | SEX M | | | | | | | | | | SAFT 2 | | | | | | | | | | AIR 4 | | | | | | | | | | INJURY 0 | | | | | | | | | | EJECT 1 | | | | | | | | | | VIN [REDACTED] | | | | | | | | | | VEHICLE OWNER (LAST, FIRST M.I.) SAME | | | | | | | | | | INSURANCE CO. Progressive | | | | | | | | | |
| CITY Chicago | | | | | | | | | | STATE IL | | | | | | | | | | ZIP 60656 | | | | | | | | | | INJURY 0 | | | | | | | | | | EJECT 1 | | | | | | | | | | VIN [REDACTED] | | | | | | | | | | VEHICLE OWNER (LAST, FIRST M.I.) SAME | | | | | | | | | | INSURANCE CO. Progressive | | | | | | | | | | | | | | | | | | | |
| TELEPHONE [REDACTED] | | | | | | | | | | DRIVER LICENSE NO. [REDACTED] | | | | | | | | | | STATE IL | | | | | | | | | | CLASS D | | | | | | | | | | VEHICLE OWNER (LAST, FIRST M.I.) SAME | | | | | | | | | | INSURANCE CO. Progressive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TAKEN TO N/A | | | | | | | | | | EMS AGENCY N/A | | | | | | | | | | OWNER ADDRESS (STREET, CITY, STATE, ZIP) SAME | | | | | | | | | | TELEPHONE | | | | | | | | | | POLICY NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME [REDACTED] | | | | | | | | | | DATE OF BIRTH [REDACTED] | | | | | | | | | | MAKE Ford | | | | | | | | | | MODEL Explorer | | | | | | | | | | YEAR 14 | | | | | | | | | | CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT | | | | | | | | | | TOWED DUE TO CRASH FIRE CELLPHONE EXCEED SPEED LIMIT COM VEH * IF YES SEE SIDEBAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS 4020 N Olcott | | | | | | | | | | SEX M | | | | | | | | | | SAFT 2 | | | | | | | | | | AIR 4 | | | | | | | | | | INJURY 0 | | | | | | | | | | EJECT 1 | | | | | | | | | | VIN 1FM5K8ATE GA38329 | | | | | | | | | | VEHICLE OWNER (LAST, FIRST M.I.) Village of Norridge | | | | | | | | | | INSURANCE CO. Underwriters at Lloyd's London | | | | | | | | | |
| CITY Norridge | | | | | | | | | | STATE IL | | | | | | | | | | ZIP 60706 | | | | | | | | | | INJURY 0 | | | | | | | | | | EJECT 1 | | | | | | | | | | VIN 1FM5K8ATE GA38329 | | | | | | | | | | VEHICLE OWNER (LAST, FIRST M.I.) Village of Norridge | | | | | | | | | | INSURANCE CO. Underwriters at Lloyd's London | | | | | | | | | | | | | | | | | | | |
| TELEPHONE 768 453 4770 | | | | | | | | | | DRIVER LICENSE NO. [REDACTED] | | | | | | | | | | STATE IL | | | | | | | | | | CLASS D | | | | | | | | | | VEHICLE OWNER (LAST, FIRST M.I.) Village of Norridge | | | | | | | | | | INSURANCE CO. Underwriters at Lloyd's London | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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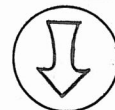
"IF YES I'U COM VET, COMPLETE COMMERCIAL MOTOR VEHICLE AREA ON BACK

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

U140428073

A Diagram and Narrative are required on all **Type B** crashes, even if units have been moved prior to the officer's arrival.

Not To Scale

INDICATE NORTH
BY ARROW

Cumberland

4820
Cumberland

NARRATIVE (Refer to vehicle by Unit No.)

Unit 1 was parked facing N/B in the parking lot of 4820 N Cumberland in a handicap spot.

Unit 2 was stopped directly behind Unit 1 in the parking lot of 4820 N Cumberland facing W/B.

Unit 1 was backing out of the handicap spot and struck Unit 2 on the passenger side front door causing minor damage. Unit 1 sustained minor damage for the collision.

Unit 1 was issued 2 citations: YE424002, YE424003

No TBWS X NO EMS UNIT 2 WAS NPD SQUAD 502

LOCAL USE ONLY

U1 Color

S/L

U2 Color

Black

U1 Towed by / to

N/A

U2 Towed by / to

N/A

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A
ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME

ADDRESS

CITY/STATE/ZIP

USDOT NO.

ILCC NO.

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR)

Were HAZMAT placards displayed on the vehicle?

☐ Y ☐ N

If yes, name on placard

4-digit UN no.

1-digit Hazard Class no.

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? ☐ Y ☐ N ☐ UNK

Did HAZMAT Regulations violation contribute to the crash?

☐ Y ☐ N ☐ UNK

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash?

☐ Y ☐ N ☐ UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ NMCS ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

Form No.

IDOT PERMIT NO.

WIDE LOAD? ☐ Y ☐ N

TRAILER WIDTH(S): 0-96"

97-102"

>102"

TRAILER 1 ☐☐☐TRAILER 2 ☐☐☐

TRAILER LENGTH(S): 1 _____ ft

TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft

NO. OF AXLES _____

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION

CARGO BODY TYPE

LOAD TYPE